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REMARKS ON THE TREATMENT OF YELLOW FEVER.

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[Communicated for the Boston Medical and Surgical Journal.]

OF the diseases incident to New Orleans and adjoining regions, the Yellow Fever may for various reasons be justly regarded as first in importance. The treatment has for many years been considered to possess a peculiar local interest; but the recent appearance of the disease in distant places, in some of which it had been previously unknown, and in others, as Norfolk and Portsmouth, of rare occurrence, necessarily enhances the importance of everything appertaining to the subject. As it is beyond the power of man to say how far the cause or causes of this disease may extend, or when, in any place, it may appear, I have thought the following remarks might not prove uninteresting. It is not my intention to notice those long disputed, yet interesting and important points, the origin, mode of extension or communication, the contagious or non-contagious character of this fever, my main object being to detail the plan of treatment which I have pursued for several years, with a degree of success that has continued throughout each succeeding season of its occurrence, and therefore has induced me to regard it as adapted to the disease and deserving of promulgation.

In no part of the treatment, will there be found any striking novelty to many; but, pursued as a system, and believed equal to the successful management of the disease, as generally presented, I hope to show that it possesses the power of preventing the appearance of most, if not all, of the unfavorable and dangerous symptoms of usual occurrence, whether of the stomach, the brain, or the kidneys. In this disease, as in all others, no one doubts the existence of a greater or less intensity of symptoms, at the outset, nor the tendency exhibited of displaying a serious local determination to the stomach in particular, although the brain and the kidneys are frequently affected. It might reasonably be supposed, considering the frequent and abundant opportunities of witnessing yellow fever in this city, that some course of treatment should have received the approbation of all the profession; but the temporary reign of the

abortive or quinine treatment, which although by some still lauded, is now more guardedly spoken of, and less confidently recommended; the frequent or indeed uniform failure of the much vaunted muriated tincture of iron, with a similar failure of any one remedy, proposed as a specific for the cure of the various symptoms of this disease, prove that uniformity has not yet been exhibited, and in all probability never will.

In the treatment of yellow fever, in this city, it is universally conceded that the prospect of success is just in proportion to the promptness with which it is commenced, after the invasion of the first symptoms, however slight such may be. Delay here is always dangerous, frequently fatal.

The philanthropic visit of Dr. Fenner to Norfolk, during the past summer, enabled me, in taking charge of his wards in the Charity Hospital, to witness the disease in its various stages and intensity, with the result, as to the number of cures, far greater than could be looked for, when the general character and habits of most of those admitted, and the frequently advanced stage of the disease when admitted, combined with causes incident to the congregation of many in the same ward, are taken into consideration.

Individuals about to pass their first summer in New Orleans, evince a natural anxiety to be informed as to the possibility of so living that an attack of the acclimating fever may be prevented. As far as my observation extends, the strictest attention to the rules or laws for preserving health, will not, with any certainty, here suffice, although it is an admitted fact that the more strictly such well known, yet neglected laws are followed, the better grounded and more certain hope may be entertained of a successful issue, in case of an attack.

The following remarks of the late Dr. Harrison, of this city, in reference to this point, are taken from his valuable treatise on Yellow Fever, recently republished in the *New Orleans Hospital Gazette.* He says, "We will suppose a person who has been protected in the best way possible from those obvious causes of disease which may affect the health of any person. He is well lodged and clothed, he is temperate in his diet, and is careful not to expose himself to the hot sun, to wet weather, or the night air; he is abstemious with regard to alcoholic liquors. These precautions avail him little. In the midst of excellent health, he is stricken down. He experiences a rigor which sometimes ends in a violent ague. In a few hours, a burning fever comes on, with distressing pain in the head, back and limbs. The tongue, however, is as yet moist, and the urinary secretion copious; but the eyes are generally dull, heavy, and intolerant of light."

If to the above symptoms be added a frequent pulse, thirst, the eyes injected and of a dirty hue, with pain often present on pressing upon the epigastric region, we have the ordinary symptoms at the commencement of an attack of yellow fever. Frequently, in from twelve to fifteen hours, nausea and vomiting may occur. The

bowels are generally confined. This febrile condition may vary in duration from fifteen to thirty-six hours, or longer, when there will generally be observed an evident remission, which may proceed to a gradual subsidence of the disease, and a state of convalescence, or it will assume a more violent and serious character; this in a measure, in many cases, depending upon the impression produced by the treatment already had recourse to. Among the symptoms presented, there is a peculiar expression of the countenance, and appearance of the eyes, by some considered peculiar to this fever, but I am certain that in many cases these are not well marked. When we consider that all of the above most constant symptoms of yellow fever, are equally present in the beginning, or first stage of other fevers, which do not run an equally rapid course, are we not warranted in asserting that there is not a single purely diagnostic symptom of yellow fever, when occurring at the commencement of the season in which this fever may naturally be looked for? Upon this point, evidence of the most positive character could be adduced from the recorded opinions of those long versed in this disease, was such considered necessary. There is, however, one symptom peculiar to this disease, which, once present, removes all doubt, and that is the black vomit. This, however, occurring almost invariably towards the termination of the fever, comes at too late a period to afford any satisfaction as a diagnostic symptom. In reference to the black vomit, it may be remarked that within the last few years recoveries after its occurrence have been more frequent than in former years, when it was regarded as a necessarily fatal sign, and that it cannot at the present day be looked upon as other than a most unfavorable, if not a generally fatal symptom.

In the Charity Hospital, the past season, there occurred several fatal cases of yellow fever with black vomit, in which but few of the usual precursory symptoms were well marked, and indeed where, prior to its appearance, no little doubt was entertained by several physicians, as to the true nature of the disease.

There is still another sign, as a consequence of yellow fever, and almost peculiar to it, which is the excessive prostration of physical strength, convalescence being fairly established, and this without regard to the violence of the attack or the duration of the disease. To be thoroughly understood, this must be experienced.

Kept in remembrance, this may be considered in the light of a warning to avoid the unnecessary waste of the *vis vitæ*, by general or local bleeding, which unless imperiously demanded, as in certain cases it may be, will most generally be judiciously refrained from. As far as the successful treatment of yellow fever is concerned, everything indicates most emphatically the stomach as the organ especially to be kept in view, when called to treat a case. The brain, it is true, is often either primarily, or secondarily, seriously affected, and hence the loss of blood, whether general or local, or both, may be required; but to resort to this to relieve the headache so uniformly complained of, is in my opinion quite unnecessary, for, as a

general rule, I find this to disappear or cause but a trifling uneasiness, in the course of from to twelve to fifteen hours after the invasion of the disease, or the commencement of the treatment.

As regards the pain of the head invariably complained of, it has appeared to me to be almost entirely of a nervous character; and as my experience has convinced me that it will be removed in a short time, I prefer the course to be noticed, which thus far I have seen no reason to change.

In reference to this pain of the head, I do not imagine it will be denied, that large doses of quinine, however favorably the medicine may appear to act in other respects, have a strong and general proneness to produce an unpleasant, if not a dangerous impression upon the brain, or increase it if existing. This complicated pain of the disease, and the remedy, is by no means easily or quickly removed, or the consequences averted.

Called to a case of yellow fever presenting the symptoms above noticed, the following indications have appeared to me to be clearly pointed out.

First. To be convinced of the actual condition of the *primæ viæ*, the stomach and bowels, by the exhibition, at as early a period as possible, of a mild remedy calculated to excite the liver and produce several discharges from the bowels.

Second. To endeavor to prevent, lessen, or remove, any determination to the brain, to counteract the morbid condition of the blood, generally believed to exist, and to lessen the predisposition of the stomach to an increased morbid condition, by determining in various ways to the surface of the body, thus producing and maintaining a greater or less amount of perspiration, depending upon the severity of the symptoms, and through that important emunctory, the skin, to diminish and finally remove the febrile condition, without the hazard of producing the prostrating or exhausting effects, an almost necessary consequence of the disease, and certainly still more apt to result from general bleeding.

In actual practice, these indications are simultaneously enforced, but for the more complete elucidation of the means to be noticed, it will better conduce to that end by noticing each separately.

Before specifying the means by which these indications are fulfilled, the following extracts from Erasmus Wilson on the skin are introduced, not because they are not generally known, but that the practical application naturally flowing from such facts is not in general as much regarded in the treatment of some fevers, as their due consideration appears to indicate.

He says, "To obtain an estimate of the length of tube of the perspiratory system, of the whole body, I think that 2,800 might be taken as a fair average of the number of pores in the square inch, and 700, consequently, of the number of inches in length. Now the number of square inches of surface in a man of ordinary height and bulk is 2,500. The number of pores, therefore, is 7,000,000; and the number of inches of perspiratory tube, 1,750,000; that is,

145,833 feet, or 48,600 yards, or nearly 28 miles." Again, "The perspiratory system of the skin is one of the usual channels by which excess of water is removed from the blood, and in effecting this purpose, the perspiratory function becomes a regulator of the temperature of the body." Again, "The regulation of the temperature of the body is only one of the purposes fulfilled by the perspiration; another, and an important one, is the removal from the system of a number of compounds noxious to animal life."

In addition to the above, the following, from Carpenter's Physiology, may justly be considered as affording strong reasons for justifying, theoretically, the principles of treatment, which in practice have been fully realized.

The experiments and observations were made by Dr. Southwood Smith, at the Phœnix Gas Works, upon eight of the workmen employed in drawing and charging the retorts, and in making up the fires, during which they are exposed to intense heat. The men were accurately weighed in their clothes immediately before they began and after they had finished their work; and in the interval between the first and second weighings, they were not allowed to partake of any solid or liquid ingesta, nor to part with urine or fæces.

Experiment 1.—Day bright and clear. Temperature of the air in which the men worked, 60° Fahrenheit. Duration of labor, 45 minutes. Average loss of weight, 3 pounds, 6 ounces. Maximum, 4 pounds, 3 ounces. Minimum, 2 pounds, 8 ounces. Experiment 2.—Day foggy with scarcely any wind. Temperature of the air, 39° Fahrenheit. Duration of labor, 75 minutes. Average loss of weight, 2 pounds, 2 ounces. Maximum, 2 pounds, 15 ounces. Minimum, 14 ounces. Experiment 3.—Day exceedingly bright and clear, with little wind. Temperature of the air, 60° Fahrenheit. Duration of labor, 60 minutes. Average loss of weight, 2 pounds, 8 ounces. Maximum, 3 pounds. Minimum, 2 pounds. Experiment 4.—On the same day, two other men worked in an unusually hot place for 70 minutes; the loss of weight of one of these was 4 pounds, 14 ounces, and of the other, 5 pounds, 2 ounces.

What stronger proof can be required or adduced of the powerful influence resulting from an increased action of the perspiratory organs of the whole body in a state of health? Does it not, therefore, follow as a necessary consequence, that in a febrile condition this grand natural outlet, freely yet judiciously called into action, and continued for a longer or shorter time, as may be required by each case, is fully adequate to gradually overcome the fever, prevent, or remove local determinations, or congestions, without causing that destructive prostration of the *vis vitæ*, so much to be apprehended? It is true that no little prostration is experienced after pursuing the advocated course of treatment, and to be expected as a natural result of the disease, but I have observed, that convalescence and returning strength follow more certainly and speedily, than in other cases, and unquestionably with far less frequent instances of relapse, or drawback.

Upon this point I do not consider it necessary to dwell longer, and will proceed to detail the various means by which the specified indications are fulfilled.

[To be continued.]

FOREIGN BODIES IN THE RECTUM AND VAGINA.

BY CHARLES BELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

This case occurred in May, 1855. The subject was robust in appearance, æt. 43, and unmarried. She complained of pain and tenderness in the lower portion of the abdomen, causing her to flex the lower extremities, throw the head in an opisthotonic attitude, and make other signs of suffering. I could find no change of structure or function to corroborate her complaints. Her countenance was good, tongue clean, heart tranquil, bowels soluble, appetite good, and she was quite fleshy. I was informed that she had been an invalid for a long time, and that in previous years a physician had prescribed small pebbles for a habit of constipation; since which she had passed at various intervals, *per vaginam* and *anum*, concretions and calculi, some of which were very large. A substance resembling rotten-stone, or dark clay, which was two inhces in diameter and three in length, was said to have passed *per anum*. She also complained, during my visit, of pain and burning in the urethra and vagina, and on introducing a speculum I found some pebbles of quartz deposited near the os uteri, and a slight ulceration of the posterior labium, which was cured by a few applications of potassa cum calce. The patient wished me to understand that these pebbles passed from the bladder, causing most intense agony; that they were the identical stones she had taken years before for constipation, although there was no indication of a vesico-intestinal fistula; and she did not account for their being found three inches above the meatus of the urethra. A short time subsequently, I was called again, and was told that on the day before three enormous concretions had passed her *per anum*, and that now another had *descended* to the rectum, and owing to its size, she could not extract it by the same means she had used, and wished me to do something for her. On examination, I found the concretion almost beyond reach in the rectum; and every movement of the patient, and every attempt of mine to reach above it with an instrument, pushed it towards the sigmoid flexure. I succeeded at length, with a blunt hook, expanded at the extremity like the bowl of a small spoon, in extracting the substance, to which adhered some mucus, and the lard, probably, used in lubricating it to facilitate its passing the sphincter.

Prof. Draper, of New York, has given me the following result of his analysis of a portion of the specimen.

"It appears to me, that the specimen must have been introduced into the rectum, for it has none of the characters we should expect

to find in a body likely to occur there naturally. It is a soft mineral, which is permeated with an animal oil. Before the blow-pipe, its organic substance burns away and leaves a residue not acted upon with nitric acid. During the burning, the odor emitted corresponds to that of a burning fat."

From the above remarks, and what I know of the case besides, I do not hesitate now to state my opinion that the substance in question is *rotten-stone permeated with lard.* The patient has had numerous large plugs of this substance taken from her rectum, and a great quantity of pebbles from her vagina, enough perhaps to make several pounds in weight. The imposition in the case of the pebbles was too apparent for the necessity of any chemical analysis.

I am now informed that the same patient has had taken from the region of the stomach, abdomen and left side, about *seventy* needles and a *headless pin*, "supposed to have been swallowed in a fit of insanity about twelve years ago." Now, although "she is said to be a woman of truth," I strongly suspect her of having imposed upon some credulous people in this matter of the needles also. It is doubtful whether needles would retain their form in the system during twelve years. It is much more probable that they would be changed from the carburet to the pulverulent oxide of iron in half the time by the fluids of the tissues. Should they be extracted, however, after remaining some time impacted in the structure of the body, they will undoubtedly present a very corroded appearance. I have repeatedly cut down upon needles in the thighs of infants, and I have found them in the arms, wrists and hands of individuals who did not know, although they suspected from the sensation, and from having received a prick previous, that these bodies were present. I remember to have taken a portion of a needle from the middle finger of a girl 15 years of age. It had been in her finger, as she supposed, three months, and its surface was so roughened and eaten into by oxidation during that short period, that I extracted it by strong forceps with great difficulty.

A gentleman in this town informs me that he has seen an individual insert pins up to the head through the tissues of the leg. This could be effected without much dexterity or suffering. A fine, sharp-pointed needle may be introduced obliquely into the body with great facility. Should it be found that the blunt extremities of needles presented on the surface, that they were only blackened or slightly oxidized, and the position was oblique, it will be quite safe to regard them as having been introduced from without.

Nantucket, Jan. 1856.

MALARIA, AND ITS CAUSE AND EFFECTS.—NO. III.

BY C. D. GRISWOLD, M.D.

Nature of Malaria.

The intangible nature of malaria has already been alluded to. We only know of its existence by its effects, yet from these we can draw

certain conclusions with regard to its nature and habits. Accustomed as we are to judge of things from their sensible properties, it is very natural that doubts should exist in relation to an agent that we can neither see, feel, taste, smell or demonstrate by chemical reagents. Such being the case, the investigation of malaria falls entirely upon the intellect, and hence becomes a subject of close observation and study.

The atmosphere of places well known to be infected has often been examined by every means chemical science or human ingenuity could devise, yet without revealing any change in its constituents, or the discovery of a distinct agent mingled with it that could be demonstrated as the cause of fever. From these examinations, it has been satisfactorily proved that the atmosphere does not undergo any morbid change, or in other words, that malaria is not bad air. The two principal constituents, oxygen and nitrogen, are always found to bear the same relative proportions, and possess the same well-defined properties in all cases. Any change in these could be readily detected; and moreover their effects, if altered in quality, would be likely to interfere with the growth of vegetation, in which oxygen is as essential as it is in the functions of animal life.

Like the aroma of flowers or odor of decaying substances, malaria is too insensible to be detected by tests; yet unlike these it is not perceptible by any one of the human senses, and in this respect becomes more nearly allied to the infectious principle of smallpox, scarlet fever, mumps, whooping cough, and many other poisons which become diffused through the atmosphere and produce disease. The fact that the occupants of dwellings in elevated situations are less liable to malarial diseases than those who live on low grounds, and that upper rooms offer an exemption to the occupants, would seem to prove conclusively that malaria is more dense than the atmosphere. These examples afford no positive evidence, however, as sometimes the situation seems to have no influence whatever. When a dwelling is in the direction of prevalent winds from low grounds calculated to develope malaria, it will be wafted to very high situations.

The best protection against the progress of floating malaria is a barrier of thickly-growing trees. These not only break off the currents of air loaded with malaria, but the vegetation absorbs the poison. On the other hand, if a house is thickly embowered with trees and shrubs so as to render it damp, it may by this means be made more unhealthy than otherwise. Not that damp generates malaria in a dwelling, but the occupant exposed to this poison from without, will have it developed in the system until it results in fever, by living and sleeping in apartments rendered humid by being excluded from the sun. Any cause that renders a dwelling damp increases the liability of the occupant to malarial disease, upon the same principle. I have often observed that houses constructed of brick are much more unhealthy, in malarious districts, than those

built of wood. Filling in with brick between the plastered walls and outside covering, also tends to the same effect. This may be obviated, in a great measure, by leaving a space between the inside wall and the brick. Careful observation will show that these considerations are more important than they at first may appear. Brick absorbs a vast amount of moisture before it becomes sensible, and this will be communicated to the atmosphere of apartments in a house constructed of this material, to a greater or less extent, and will show itself in the development of mould and the accumulation of mist upon the window panes in warm weather. A new house, not thoroughly dry, is well known to be very detrimental to health anywhere, and especially in malarious districts. I have known houses to be abandoned as unhealthy, to the great detriment of the owners, when they were only temporarily so from this cause.

Some years ago I moved to a town in Wisconsin, situated on the shore of Lake Michigan, and occupied a brick house which I deemed myself very fortunate in being able to secure. Very soon a warning came from one of my neighbors to the effect that the house was very unhealthy, so much so that no family had ever occupied it without suffering from sickness, although it had been frequently let and abandoned. Its appearance would seem to indicate one of the most healthy in the place, and having friends immediately across the street who had always found the district healthy, I dismissed the reports as unworthy of attention. I soon had occasion to notice the accumulation of moisture on all the windows during the night, when the temperature out doors became lower than that kept up within. Within a few weeks the predictions were fully verified. Of the four members of my family all were sick with malarious fevers of a severe type, and within three months one was borne to the grave from that house, and another lived to be removed to a distance, but never recovered fully, and finally paid the penalty in a lingering disease and death. I have often wished to know the further history of that house, but never cared to go back to find it out. I had no thought or suggestion of the house being unhealthy in consequence of the brick from which it was constructed, and not until I had seen repeated instances of brick dwellings being more unhealthy than those constructed of wood, did I believe such to be the case. How far these observations are sustained by the experience of others, I am unable to state; they, however, are only applicable to malarious districts, and probably to isolated dwellings in the country or small towns. My observations have been confined to the borders of the sea coast and inland lakes, yet I have heard of the same results in inland towns. From these observations it would seem that a damp atmosphere in a dwelling will develope malarial disease in the system when insufficient to affect it under other circumstances, in the same manner that exposure to cold, wet or excessive fatigue will sometimes produce the same result.

A very general opinion among the natives of the Central American States is that water is prejudicial in the fevers of that country,

either taken internally or for bathing purposes. So confident are they of its injurious effects, that they will not admit its use even for washing the hands or face while affected with fever. When in health they however frequently resort to bathing in the streams, especially in the cool of the morning. When exposed to rain, their mode of protection from its evil effects is to strip naked, or as nearly so as decency will admit, in which, however, they are by no means scrupulous. Some have supposed that this practice was for the purpose of protecting their scanty covering and not their bodies, but I was told that they regarded the rain falling directly upon the skin as less prejudicial to health than the effect of a wet garment.

I have generally found that water taken into the stomach in malarial fevers would induce irritability of that organ, and frequently persistent vomiting, and that the tongue would become coated and much dryer than when abstained from; consequently I have usually found it necessary to interdict its use altogether. There is certainly a very intimate relation between moisture and malaria, and the question offers a field for a more thorough inquiry than I am able to give it in the space of these papers.

CURIOUS CASE OF MUSCULAR CONTRACTION OF THE ARM AND FORE-ARM IN CONSEQUENCE OF A BLOW UPON THE ELBOW.

BY E. K. SANBORN, M.D., LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Miss B——, about 20 years of age, an operative in one of the cotton mills in this city, while engaged about her loom, on the 10th of November last, received a smart blow from the "beam" on the inner side of the elbow, directly over the course of the ulnar nerve. The blow was not sufficiently severe to break the skin or to leave any mark; but on getting the arm out of the machine, the hand was found to be forcibly flexed upon the forearm and abducted to its fullest extent towards the ulna. The fingers were straight but rigid, the forearm immovably fixed at right angles with the arm.

In this condition the patient was brought to my office. With a good deal of force *gradually* applied, the limb could be brought into natural position; but on removal of the force, contraction took place at once. As forcible extension was attended with considerable pain, chloroform was given, and complete relaxation took place as soon as the patient was completely under its influence, but not before. The first effects of chloroform seemed to be rather an increase of the rigidity. As the patient came out from the influence of chloroform, the limb contracted as before. It should be mentioned that there was no *numbness* in any part of the limb.

Judging from these trials that some injury had been done the nerve at the point where the blow had been received, the arm was allowed to remain in its unnatural position, and anodyne fomentations ordered to be kept constantly applied to the elbow.

Nov. 14th.—Four days after the accident. Patient in very much the same condition. The rigidity is more marked in the elbow-joint. Biceps hard and protuberant. With considerable difficulty straightened the arm and hand, and applied a straight splint for the purpose of keeping the limb extended.

15th.—Was called in haste to the patient yesterday, some hours after the application of the splint. Found her in great suffering and alarm, in consequence of her head being forcibly drawn down to the shoulder of the affected side. The muscles of the shoulder, neck and arm were now all in a state of rigid contraction, causing the most painful distortion. Sulphuric ether was at once administered, and relaxation of the muscles took place as before; but as soon as the effect of the ether passed off, the contraction recurred in the arm and hand, though the head and neck remained free.

20th.—Improvement in the arm is very trifling. Friction with liniments, galvanism, &c., have been tried without any marked effect. Have been obliged to give ether several times to relieve the contraction of the muscles of the neck. Each time the head has been drawn down it has been in consequence of accidentally hitting the inside of the elbow.

25th.—The arm is improving, though still useless. For the last week, I have been practising forcible and rapid extension and flexion. While doing this, have noticed that there is as much difficulty in rapidly *bending* the arm as in *straightening* it. Within the past week the patient's head has been drawn down to the shoulder twice, in consequence of having hit the elbow accidentally. Have been obliged to administer ether as before to relieve her.

From the last date to the present time (Jan. 2d) the improvement has been gradual. The patient has now fully recovered the use of her arm, although within two weeks she has been obliged to take ether to relieve the muscular contraction of the neck and arm, brought on by hitting her elbow.

Cases of muscular contraction from blows over the tracks of nerves, as in the case above given, must be extremely rare. Temporary paralysis frequently follows pressure or blows on nerves; but it will be noticed that numbness was never complained of in the case just related.

The sympathetic contraction of the muscles of the neck and shoulder is also a noticeable feature in this case, and is accounted for by the fact of these muscles being supplied with nerves having a common origin with the ulnar.

In *Braithwaite's Retrospect*, No. XXIV., page 164, is an account of a case somewhat like the one now given, though it was much milder in character—lasting but a few hours.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Case of Epulis. Under the care of Dr. Cabot. Melissa B., æt. 21, entered the Hospital Dec. 1st, 1855. She dates her disease from August, 1853, when she noticed that the inferior middle incisor teeth were loose, and very soon discovered just behind, and apparently growing out from between them, a tumor as large as the tip of her finger. Somewhat later, the disease appeared anteriorly, and in this position, it had attained the size of a small pea, when an operation was performed, early in the winter of 1853-54. The two middle incisor teeth were extracted, and a mass, as large as a walnut, removed.

The wound failed to heal completely, but the disease remained quiet until June, 1854, when it re-appeared and increased gradually until it had become about as extensive as at the time of the first operation, having grown with more rapidity posteriorly than anteriorly. In Nov. 1854, a second operation was performed; but as before, no portion of the jaw was removed.

Hardly had the healing process commenced, when the disease appeared a third time, and has continued to advance with an increasing rapidity.

The successive growths have had several characteristics in common. They have been of a dark blue or purplish color. Although generally painless, they have been excessively tender, and the contact of hard substances has caused severe, deep-seated pain.

According to the patient's account, there has always been a decided tendency to hæmorrhage, and it has frequently arisen from the use of a tooth-brush. General health has always been good, and the disease has been rather a mechanical inconvenience than anything else.

Now, the mass fills the space between the lateral incisors, and posteriorly spreads out into an elongated form, half as large as an English walnut. Anteriorly, it projects but little, and is about the size of the tip of the little finger.

Patient having been etherized, Dr. Cabot extracted the lateral incisors, and the canine of the left side; he next made an incision down to the bone, on the front of the jaw, and beneath the disease. With bone-forceps, he then removed the whole mass, and together with it, a considerable portion of the jaw which supported the teeth extracted at this and the first operation. The bleeding was considerable, but was easily arrested by placing a small sponge in the wound.

Dec. 8th. The patient has been very comfortable. The wound now shows healthy granulations, and the healing process seems to be progressing favorably. At her request she was discharged.

The following description was furnished by Dr. B. S. Shaw.

Myeloid Epulis. Removed by Dr. Cabot, at Hospital, Dec. 1, 1855. Tumor measured one inch in length, and half an inch in thickness and depth. It originated in the bone, two small fragments of which were removed with it. It was of pretty firm or fleshy consistence, resembling in color and firmness the tissue of the human heart, and presented, on section, a smooth, uniform, moist surface, with no appearance of fibres.

Under the microscope the minute structure was found to be as follows, viz.: 1. The bulk of the growth was composed of plates, closely studded with nuclei. The plates were of irregular shape, rounded, oval and angular; the nuclei, from ten to twenty—five in each plate, were generally oval

and containing small nucleoli. The plates were very granular, in many the nuclei being obscured on this account. 2d. Cells of irregular form, some fusiform, containing similar nuclei. 3d. Free nuclei, generally oval, with pale contour, and small nucleoli.

This description of the tumor corresponds precisely with the description of myeloid tumors given by Paget in his work on Tumors, lecture viii., part 1. The plates, cells and nuclei are the same as those found in the medulla of fœtal bones (whence the name), and in this instance the disease could be traced into the fragments of bone removed. There are at least three different structures in growth known as epulis—fibrous, fibro-plastic, and myeloid—of which the fibrous is the most common.

UNITED STATES MARINE HOSPITAL.

Case of Stricture of the Urethra, treated by External Division. CHAS. A. DAVIS, M.D., Surgeon. (Reported by ALPH. B. CROSBY, Assistant Surg.)

Avery Clark, a native of Portugal, 24 years of age, was admitted into the Hospital Nov. 13th, 1855. When fifteen years of age he had a chancre, which he cauterised with nitrate of silver immediately on its appearance. Has had chancres several times since, which he has treated in the same way. Has never had secondary symptoms, nor gonorrhœa. Three years ago, while on board the man-of-war Jamestown, he noticed that on passing his urine, the stream was smaller than usual. Soon after this, he discovered a small, hard lump, about the size of a pea, situated in the course of the urethra, and five inches from the *glans penis*. This increased, gradually, for ten months, and the stream of urine gradually diminished. At the end of this time, the patient ceased to pass his urine and was seized with shivering pains, intense distress in the hypogastrium, and, according to his own account, experienced great constitutional disturbance.

He was at this time on ship-board off the Cape de Verd Islands, and without medical attendance of any kind. At length, driven to desperation by intense pain, he sharpened a piece of whalebone six inches in length, so as to resemble a slender stiletto, and introducing it into the urethra as far as the point of obstruction, forced it through with great difficulty. Patient thinks he used as much force as he would have done if he had driven the same instrument through the thick skin of the palm of the hand. A small stream of urine followed this operation, attended with more or less hæmorrhage. The next day the pain and tenderness were extreme, and hæmorrhage continued at intervals during the first twenty-four hours. During the last six and twenty months, the patient has passed his water only after forcing the stiletto through this obstruction, and the stream of urine has continued very small. The indurated lump, after this operation, gradually increased in the longitudinal direction of the urethra, until the time of his admission into hospital, when it was half an inch in length, and easily distinguished externally by the fingers. Patient had been in the New York Hospital, where Dr. Buck advised an external division. Having a local preference, he came to this institution. It was found impossible to introduce a number-one sound—nothing passing but a sharp slender instrument—and it was found impossible to dilate the stricture on account of its firm, indurated character. Dr. Davis accordingly advised the patient to submit to the operation, to which he readily consented.

The patient being fully under the influence of chloroform, a tapering sound was introduced as far as practicable through the stricture, and an incision made, commencing just above the superior extremity of the

stricture. It was very much indurated, and had a hard, "fibrous cut." Being thoroughly divided, the sound passed through about half an inch, when it came in contact with still another stricture. The incision in the urethra was continued to this point, and a stricture, three lines in length, was divided. The sound then passed readily into the bladder. A catheter was introduced and allowed to remain. The wound, an inch and a half in length, was brought together by one deep suture, reaching to the mucous membrane (but not embracing it), and left to heal by granulation. Very little constitutional disturbance followed the operation, and at the end of eight and forty hours the catheter was removed. The urine then passed mainly through the wound. It was found that the latter healed much more rapidly when the catheter was carefully introduced, and the urine was drawn in this way daily. At the end of a fortnight, the wound had commenced uniting at the bottom, and at the end of another week had entirely united, save a small opening which would admit a large pin. On the twenty-third day after the operation, the wound had entirely closed, and the urine passed with a full stream through its proper channel.

Dec. 13th, the patient was discharged well, but was advised to pass a large bougie into the bladder once a week for six months.

Chelsea, Mass., January, 1856.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY W. O. BROWN, M.D., SECRETARY.

[Communicated for the Boston Medical and Surgical Journal.]

12th month (Dec.) 5th, 1855. Dr. ELY reported a case of sudden death from fatty degeneration of the heart.

J. K., aged 78, was an inmate of the Dexter Asylum. During the morning visit, Oct. 14th, he complained of severe pain over the heart. Examination revealed a feeble impulse and indistinct natural sounds; pulse not at all quickened; tongue slightly coated, of a yellowish color. He had taken his breakfast as usual, and slept well the night previous. The first of the month he walked to the city, spent a few days there with his friends, and indulged rather freely in drink. A mustard poultice was ordered to be placed over the heart. In about an hour after this, he died.

Autopsy, the next morning. The heart was of a pale color, and did not preserve its form when laid on the table; its tissue was softened and easily torn. The aortic and mitral valves and the walls of the aorta contained atheroma, as also did the coronary arteries. The left lung was enlarged and emphysematous; the upper and middle lobes of the right lung were carnified. There was nothing in the viscera of the abdomen to explain the cause of sudden death. The brain was not examined, as no symptoms pointed to it as the seat of disease.

Dr. Ely also, at the previous meeting, reported the following case of *Effusion of Blood into the Cavity of the Arachnoid.* The clot was exhibited.

E. B., aged 85, an inmate of the Dexter Asylum, on the evening of Sept. 23, had taken his supper as usual, and was as well as he had been for the past four months, during most of which time he had been confined to his bed from old age. On the following morning he was apparently sinking;

the extremities were cold, pulse feeble and indistinct, and he was hardly capable of being aroused to a consciousness of what was passing around him. Under the free use of stimulants he revived somewhat, and lived till the 26th of September. Four months previous, he was quite sick for a few days, but Dr. E. could not learn what the symptoms were at that time.

Autopsy.—Heart small, and rather pale and flabby. Valves thickened, but as fit for use as in most persons of his age. The walls of the aorta contained bony plates. Many of the arteries, as the radial and basilar, felt like tubes of bone. The lungs were healthy. The viscera of the abdomen presented nothing remarkable. Upon removing the skull cap and cutting through the dura mater, a clot was seen in the cavity of the arachnoid, extending from near the tentorium over all the convex surface of the brain, and under it as far back as the sella turcica; it exceeded one fourth of an inch in thickness in the thickest part. It was very firm at the edges, which were quite thin and had lost the reddish-brown color of the centre. The clot had every appearance of having been effused some time since, probably four months before death, at the time of the attack of illness before mentioned.

Dr. Collins exhibited a specimen of retained placenta, and gave a verbal history of the case. The retention followed the induction of intentional abortion by the woman upon her own person. She was about three months advanced in pregnancy. The placenta was retained five weeks after the abortion, and was fresh and entire. Slight hemorrhage occurred two or three times during the interval subsequent to the escape of the fœtus, and a moderate amount attended the delivery of the placenta, but this was easily restrained. Complete ante-version was found to exist, and on restoring the uterus to its natural position the placenta soon escaped into the vagina.

Dr. Armington mentioned a case which occurred in his practice, where the placenta was retained forty days after accidental abortion.

Dr. Collins mentioned a successful method which he had recently resorted to for removing some rings from the badly swollen fingers of a female. This was effected by winding some narrow tape firmly and closely around the finger from the tip, below the ring. By this means he was able to thrust one end beneath the ring, and then to remove it by traction upon the tape.

The following case was partially reported by Dr. Collins at this meeting; the particulars have since been furnished at the request of the Secretary.

Henry Coggeshall, æt. 46, engineer, sixteen years since met with a fall, striking astride a three-inch plank. A perineal abscess followed, terminating in a fistulous opening into the urethra, and stricture. Through this fistulous opening he has had a dribbling of urine, more or less, ever since. He has also had occasional retention of urine, which he has usually relieved by passing the catheter himself.

About the 10th of October last, he was attacked with retention of urine and inflammation of the bladder, for which he consulted a "Botanic Doctor." No attempt was made to relieve the bladder with the catheter, but, as near as could be ascertained, he was given to drink large quantities of herb teas, &c. On the 25th, his symptoms being much aggravated, his friends persuaded him to send for Dr. Rivers, which he accordingly did on that day. On Dr. R.'s arrival he found him in a state of great suffering; the bladder was enormously distended, the pulse quick and frequent. Soon after Dr. R.'s arrival he was attacked with a severe chill, which lasted about an hour. He complained of much pain in the left side of the abdomen, and was unable to lie on that side. An attempt was made to pass the ca-

theter, which proved unsuccessful, though several trials were made with different sizes. Some urine dribbled away, both from the natural passage and the fistulous opening. On the following day, the 26th, further attempts were made to relieve the bladder by the catheter, both by Dr. R. and Dr. L. L. Miller, who now saw the case in consultation. A number four silver catheter was passed into a false passage which went off towards the right ischium. A number six silver catheter took the right course, but could not be made to pass the stricture. The patient was all this time kept under the influence of opiates, both by enema and the mouth, warm topical baths being used at the same time.

Persevering attempts were made to pass the catheter, up to the morning of the 29th, when the symptoms became so urgent that it was thought advisable to puncture the bladder, which operation was performed, by Dr. Rivers, above the pubis. A large quantity of urine mixed with pus escaped through the canula, affording considerable relief for the time. The canula being left in, he continued to evacuate through it urine and pus, up to the time of his death, which took place on the morning of the 1st of November.

An autopsy was made Dr. Collins, who has furnished the following particulars of it.

There was found a puncture above the pubis, passing into the bladder, through a cavity partially filled with fœtid pus. This cavity was situated in the cellular tissue, between the bladder and rectus muscles—was irregular in its boundaries, running to the left, into the iliac region, under the peritonæum, and then upwards and backwards into the lumbar region as high as the left kidney. The bladder was contracted to the capacity of a few ounces, and was filled with dark-colored, decomposed, highly ammoniacal urine, mingled with pus, blood, and debris. The walls were from eight to ten lines in thickness. The internal surface was of a dark-reddish brown, in some places almost black—the mucous membrane was spongy and softened, and in places easily detached. It was everywhere covered by an incrustation of calculous matter deposited from the urine. The whole urethra was inflamed. A dense stricture, half an inch in length, existed at the membranous portion; it admitted a probe one sixteenth of an inch in diameter. Anterior to the stricture were two openings—one that of a recent false passage, two inches in length, running off near the right ischium; the other that of an old, very dense tortuous fistula, whose external opening was just behind the scrotum. Several small deposits of pus were found in the right kidney.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 24, 1856.

POISONING FROM SMOKED MEATS.

It is well known that it is not an infrequent thing in Germany for severe and even fatal consequences to follow the eating of sausages, hams, and other preserved meats. The poisonous principle is supposed to be spontaneously generated in the meats after they are prepared for sale, by some process analogous to fermentation. Within a few years, many similar cases have occurred in this country, particularly in New York, and one which took

place recently in Brooklyn, was the occasion of a letter to the editor of the *New York Daily Times* by Dr. Isaiah Deck, from which we make the following extract:

"It must be observed that it [the poison] only exists in those meats which have been in an *incipient* putrefaction *before drying* or *smoking*. These processes *retard* the progress of the poison, but do not destroy its germ, and, singular enough, when it has proceeded to a *more advanced* stage of decomposition (*i. e.*, when the sulphuretted hydrogen—the odor of bad eggs—is evolved), before these processes, it is harmless. Another fact is, that those meats which have been boiled previous to salting or curing (and such a course would readily be adopted to conceal incipient decay), are sure to become injurious under these conditions. To a certain extent this can be remedied by their being thoroughly over-smoked, so that the chemical and antiseptic action of the kreasote (as its name implies), eliminated from the burning wood, may have its due effect, and if, with this precaution, they are occasionally brushed over with crude pyroligneous acid—they may be accepted as wholesome. But to guard against danger, it is always advisable that the affected part be cut away, and that which appears wholesome be either *toasted or broiled*, *not* fried, as the grease eliminated still retains any poisonous principle left, but by either of the above methods the heat decomposes it. *There is no safety in boiling*, the principle (a fatty acid, somewhat isomeric with sebacic acid) is neither soluble nor volatile in water at its boiling point,—it is soluble only in alcohol, and by this agent can be isolated from the meat, and in a dose of 50 grains will rapidly destroy a dog."

"The affected meats present a much softer appearance than the sound, have an unpleasant, sweetish sour smell, and an acrid burning taste, a small quantity irritating the throat violently, and the general appearance cannot be mistaken when once noticed. The immediate symptoms, which are sometimes delayed three or four days, are diarrhœa, dryness of the mouth and fauces, and intense thirst. They should be at once attended to, as absorption rapidly takes place, and a fermentation and decay (in fact a species of inoculation) somewhat similar to the cause, is set up in the system, ending in prostration and paralysis; but the most singular feature is the tendency of the body to resist putrefaction after death. This seems to arise from the previous decomposition and alteration of the fatty matter and tissues, which are generally the first to go, while in authenticated cases of recovery the convalescence is sometimes protracted for years."

HOMŒOPATHIC TREATMENT OF CHOLERA.

The following, which is extracted from the *Gazette des Hopitaux*, by the Montreal Medical Chronicle, is an interesting account of the results of homœopathic treatment in cholera, and comes from an authentic source.

Dr. Bouquet, writing to the *Gazette des Hopitaux*, says—"Homœopathy has just received a severe check in our town. You have perhaps heard of the noise it made last year with its pretended success in cholera. Dr. Chargé asserted that he had not lost one out of several hundred patients, and he published this statement in the political journals of Lyons and Bordeaux. When, during the present year, the scourge visited us anew, the authorities bestirred themselves, and thinking it was their duty to bring the truth to light, they entrusted one of the wards in Hotel Dieu to Dr. Chargé. There, assisted by his colleagues in homœopathy, by pharmaciens, and by some young people his adepts, who devoted themselves to tending the patients (for he had found the ordinary staff insufficient and incompetent), he

obtained the result which might easily have been anticipated; the broad day-light did not display success. *Of 26 cholera patients admitted into this ward, 20 died, and M. Chargé withdrew.* To render the experiment conclusive, a ward had been set apart, in which the patients were treated by rational means, which did not profess to work wonders. *During the same period, of 25 patients admitted, but 11 died. Each ward had its turn of reception.* I think these facts are sufficiently decisive to render a renewal of such experiments needless, for if science profits by them, which is doubtful, humanity suffers not a little."

LONGEVITY IN THE UNITED STATES.

THE following note from an old correspondent relates to a matter of much interest to the community in general, and peculiarly so to the profession, whose daily business it is to ward off disease and lengthen human life.

MESSRS. EDITORS,—The unparalleled number of aged persons in the United States merits the particular notice of our profession. By the census of 1830 there were no less than 2356 persons of 100 years of age or upward; and by that of 1850, this number is sustained to within one, there being 2355.

China, with her 369,000,000 inhabitants, makes out but four centenarians, and of the European governments I have not been able to find one which makes the number one hundred. Whether it is owing to our climate, our mode of living, or to our liberal government and institutions, or to all combined, or if to any other cause, let some medical man inform us. It is a subject which might well occupy the attention of the American Medical Association.

My attention to the matter at this time was attracted by reading the following, which I believe to be correct. It is given by Alexander Wilson, of Kentucky, who said he was the forty-fifth child of his father, the late David Wilson, who had forty-seven lawful children, and lived to the age of 107 years, and during his lifetime had five wives. By his first wife he had eighteen children. Very few of his children died in their infancy and youth, and there are now (1855) thirty-five of them living, who are men and women full grown.

"David Wilson was a man of pure good health and robust physical constitution. At the age of 105 years he could mow an acre a day for a week at a time without feeling much fatigue. He appeared not to have a rib. The whole region of his breast was shielded by a plate of solid bone, and he could receive the most severe and powerful blows upon it without being hurt. He frequently, for the gratification of others, suffered them to strike him most violently on the breast without being made in the least uncomfortable. During our border war he was taken prisoner by the Indians, and they attempted to stab him in the breast, but found the solid bone impenetrable. He was one of the most remarkable men that ever lived in America. At the age of 107 years when he died, none of his faculties of mind or body were materially impaired." JOSEPH COMSTOCK.

January, 1856.

P. S —Longevity is found to be hereditary in certain families; as our population is made up of a heterogeneous mass, I am inclined to the opinion that much depends upon our climate, as most of our centenarians appear to be persons born in America, but some of them Indians, and many of them negroes.

VIRGINIA MEDICAL JOURNAL.

We have received the first number of this new journal, which is a combination of the *Stethoscope* and the *Virginia Medical and Surgical Journal*, and edited by Drs. McCaw and Otis, who have long been favorably known as conductors of the latter periodical. The appearance of the number is highly creditable, if we except the engraving on the cover, which we think might be omitted with advantage. The contents are varied and interesting, and we cordially recommend the work as one of much value.

We notice that a rival journal has been started in Richmond, called the *Monthly Stethoscope and Medical Reporter*, by two physicians who claim to be the proprietors of the pioneer medical journal of Virginia. If the statement of Messrs. Ritchie and Dunnavant, the proprietors of the Virginia Medical Journal, be correct, as it has every appearance of being, this attempt to take from them their property is wholly unjustifiable, and cannot be sustained by an appeal to the law. One thing is certain, experience has shown that two journals cannot be sustained in Richmond, and one of them must fail.

PHILADELPHIA HOSPITAL FOR DISEASES OF THE CHEST.

This institution will be open for the reception of patients in the early part of April next. Its object is to combine all the best hygienic and medicinal means for the treatment of diseases of the chest, to insure as far as possible the certain and speedy restoration of those thus afflicted. For the promotion of this the managers have purchased an elegant and spacious villa, constructed with strict regard to ventilation, and replete with all the modern conveniences. It is situated in a high and healthy locality on the western side of the river Schuylkill (formerly West Philadelphia), is surrounded with pleasant walks, rides, &c., is contiguous to an omnibus route, and in the immediate vicinity of places of worship of various religious denominations. The medical board consists of a resident, an attending and a consulting physician. Attending physician, George J. Ziegler, M.D.; consulting physician, Samuel Jackson, M.D., Professor in the University of Pennsylvania. Further information may be obtained from Jas. W. White, Secretary, No. 103 North Third Street, Philadelphia.

Another Case of Mal-practice.—A case of much interest to the medical profession has just been tried in the Supreme Court now sitting at East Cambridge, and after occupying the attention of the Court nearly a week, the defendant, Dr. Nathan Allen, of Lowell, was most triumphantly acquitted. The particulars of this case will shortly be reported in our Journal.

Communications received.—Expulsion of Tænia by Pumpkin Seeds.

Books received.—Thèse pour le Doctorat en Medecine presentée a la Faculté de Medecine de Paris. Par George-Henry Brandt.—Proprietès et Functions de la Moelle Epiniere. Rapports sur queiques experiences de M. Brown-Séquard. Par M. Paul Broca.—Recherches Experimentales sur la transmission croissees des Impressions Sensitives dans la moelle epiniere, par le Dr. Brown-Séquard.—Deux Memoires sur la Physiologie de la moelle epiniere. Par le Dr. E. Brown-Séquard. (From M. Brown-Séquard.)

Deaths in Boston for the week ending Saturday noon, Jan 12th, 72. Males, 33—females, 39. Accident, 1—inflammation of the bowels, 2—congestion of the brain, 4—disease of the brain, 1—cancer in breast, 1—consumption, 13—convulsions, 1—croup, 7—dropsy in head, 4—infantile diseases, 8—scarlet fever, 1—disease of the heart, 2—inflammation of the lungs, 2—marasmus, 7—measles, 3—old age, 1—peritonitis, 1—palsy, 1—smallpox, 3—teething, 3—unknown, 4—whooping cough, 2.

Under 5 years, 41—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 2. Born in the United States, 58—Ireland, 11—Germany, 1—England, 1—British Provinces, 1.

Erysipelas and Typhoid Fever in the Russian Camp.—Dr. William M'Millan, an American physician in the Russian service, writes as follows to Prof. S. M. Smith, of Columbus, Ohio.

"Erysipelas is quite a common disease in the hospital, and is invariably treated with the finest success, by giving internally a solution of acetate of potash, and applying externally, oil of camphor upon raw cotton. No tonics are given in ordinary cases, and the malady runs its natural course without serious interruption. The oil of camphor is made by dissolving pulverized gum camphor in pure olive oil, and is one of the nicest applications for this disease, and dry scaly eruptions of various kinds, imaginable.

"Typhoid fever runs its course, with nothing to interupt it but chlorine water, given internally as a disinfectant, sol. acet. potash, as a diuretic, and in the latter stages an infusion of arnica, to which is sometimes added camphor, as a stimulant to the nervous system. Should diarrhœa supervene in the course of the disease, it is generally treated with what they call *mistura oleosa*, which is a mucilage of gum arabic and olive oil, to which camphor or tinct. opii can be added as occasion may require."

The Czar Nicholas.—Mr. Wakely, surgeon and coroner, of London, says:—"In the case of the Emperor Nicholas, his death was put down to paralysis of the lungs and bronchitis, which, according to the symptoms described, was known to us medical men to have been impossible, and to have been stated only to deceive the public mind. The official document describing the emperor's death, stated that at the last he took leave of his family with a firm voice, a proceeding physically impossible, if he was suffering from the diseases stated in the certificate of death. The belief, therefore, in the minds of the medical men in this country was, that the emperor was poisoned; and that is my own opinion; not, at the same time, that he was poisoned by those about him, but that he committed suicide."

A Whole Family Poisoned by Eating Ham—One Death.—The family of Mr. James M. Duff, residing at No. 73 Johnson street, Brooklyn, were all poisoned the present week, as is supposed, by eating ham, as also was Mrs. Wade, widow of Capt. J. S. Wade, and her child, residing in the same house. The ham was purchased of a respectable grocer on Saturday night, and was on the dinner table Sunday. Soon after dinner Mr. Duff, his wife, daughter, and servant girl, all presented symptoms of having been poisoned. The aid of Dr. Wade was immediately called, and the parties all recovered. On Tuesday morning, Mrs. Wade and her child, two years old, ate some of the ham, and both were taken sick. The child died on Tuesday night; the mother is now considered out of danger. A family in New York city was poisoned in this manner last summer, when several persons died.—*New York Times.*

Glycerine Internally.—Several reports have been made of the successful substitution of glycerine for cod-liver oil, the most circumstantial of which is that by Dr. Crawcour, in the New Orleans Medical News. He has used it in phthisis, scrofula and mesenteric disease in children; and sometimes in combination with iodine and the various salts of iron. Quinine is soluble in it without the aid of an acid, and he considers it valuable as a solvent of phosphorus. The dose of glycerine is one to three drachms, three times a day, in an ounce of water. In larger doses it causes nausea. It is important to use a pure article. Much of it contains lead from the manner in which it is prepared, but it can be made chemically pure, and at a cheap rate, by decomposing lead or oil with hydrate of lime.—*New Hampshire Journal of Medicine.*

Statistics of Insanity in France.—From an official document, published by the Minister of Commerce and Agriculture, on the Statistics of France, it appears that there are at present, for every one hundred thousand of the population, 105 persons blind, 82 deaf and dumb, and 125 insane.—*Am. Jour. Insanity.*

New Tonic.—A Yankee doctor has contrived to extract from sausages a powerful tonic, which he says contains the whole strength of the original *bark;* he calls it the "Sulphate of Canine!" He anticipates a great popularity for it in New York city.—*Worcester Transcript.*